

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for Investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	21/10/2021 12:12 (SGT)
Date of Accident	20/10/2021 13:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER EAST COAST ROAD TOWARDS BEDOK SOUTH AVE 1
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ9653L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHENG SIN
NRIC No	SXXXX203G
Email Address	KBSO902@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90285782
Alternative Phone No	(Home) +65-90285782

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	2
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1498

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MTPV01016484
Cover Note Number	-

#### DRIVER

Name of Driver	TAN CHENG SIN
NRIC No	SXXXX203G

Date Of Birth	27/06/1965
Occupation	Indoor
Date Of Driving Pass	22/11/1985
Driving experience	35 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90285782
Alt. Phone Number	(Home) +65-90285782
Email Address	KBSO902@YAHOO.COM.SG
Address	BLK 210 TAMPINES ST 23
Address complement	#09-93
Postcode	520210
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	TAN HAO WEN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE6584Z
Vehicle Manufacturer	Nissan

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person .....	TAN CHENG SIN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLJ9653L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

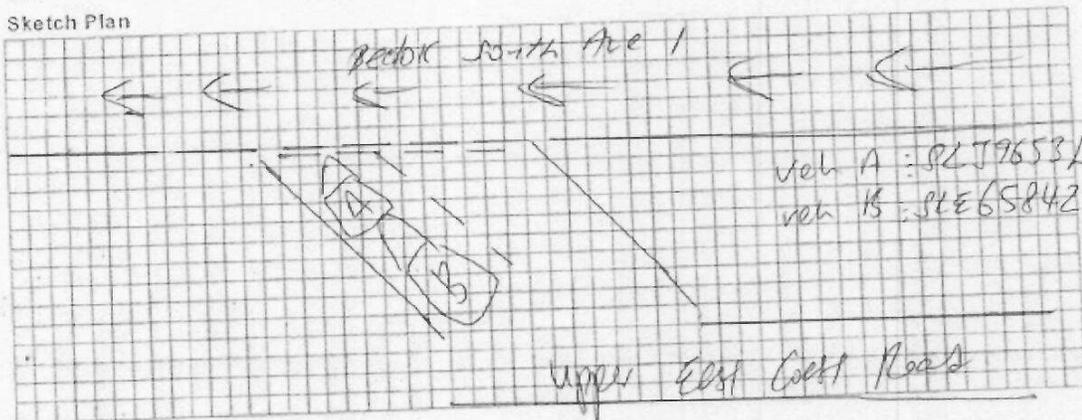
(c) my Personal Information may be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**

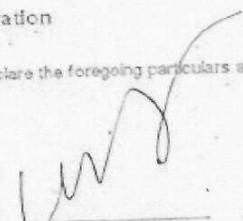


Describe Circumstances of the Accident

Please refer to the police report G/20211021/7623.

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



G/20211021/7023

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20211021/7023

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 21/10/2021 11:21	Vide Report No.	Station Diary No.
Name Of Informant TAN CHENG SIN	Address 210 TAMPINES STREET 23 #09-93 SINGAPORE 520210	
ID Type / ID No. NRIC NO / S1712203G	Contact No. Home/Office:	Mobile: 90285782
Nationality SINGAPORE CITIZEN	Email Address KBSO902@YAHOO.COM.SG	
Occupation Operations officer (except transport operations)	Sex Male	Age 56
Institution/School Name	Date of Birth 27/06/1965	Race Chinese
Date/Time Of Incident 20/10/2021 13:10 - 20/10/2021 13:25	Location Of Incident UPPER EAST COAST ROAD 12KM	

**Brief details.**

On 20.10.2021 at around 1310hrs, i was traveling along upper east coast road towards Bedok south Ave 1.

While i was waiting for the traffic flow at the slip road, Suddenly Veh B (SLE6584Z) hit the rear portion of my vehicle causing damage to my vehicle.

The next morning, i was not feeling well so i went to clinic to consult an doctor and was given 3 days MC and ask to go for X-ray for the Neck.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/10/2021 11:21
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



G/20211021/7023

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20211021/7023

Subjects Involved			
<b>Suspect</b>			
Person Name	YAP CHEE YONG		
ID Type	NRIC NO	ID No	S7231416F
Gender	Male		
<b>Victim</b>			
Person Name	TAN CHENG SIN		
ID Type	NRIC NO	ID No	S1712203G
Gender	Male	Age	56
Race	Chinese	Language	English
Occupation	Operations officer (except transport operations)	Address	210 TAMPINES STREET 23 #09-93 SINGAPORE 520210
Mobile No	90285782	Is Informant A Victim?	Yes
Person Name	TAN CHENG SIN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/10/2021 11:21
Officer In-Charge Of Case:	Classification Of Case: